
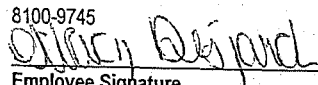
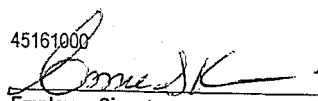



Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 19, 2010

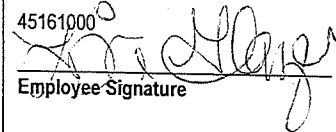
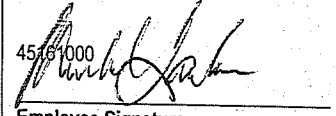
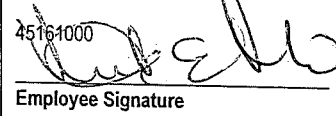
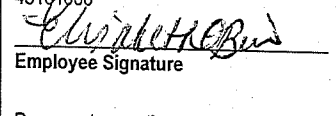
Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Corbett, Kate 45164000  Employee Signature	Day: In - Out		6:45 2:45	6:50 2:50	6:45 2:45	6:45 2:45	6:50 2:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.						HWC 7.5 ✓		
Desjardins, Stacey 8100-9745  Employee Signature	Day: In - Out		10:50 4:50	10:45 5:15	8:05 4:05	7:30 3:30		
	Lunch: Out - In		12:00 12:30	— —	12:00 12:30	12:00 12:30		
	Outside Duty: From - To			11:05 1:35				
Document exceptions or comments, indicate type and amount.			sic 2.0 ✓	W. Roxbury sic 1.0 ✓		HWC 7.5 ✓	sic 7.5 ✓	
Dookhan, Annie 45161000  Employee Signature	Day: In - Out		6:45 4:15	6:45 4:15	6:45 4:00	6:45 3:15	6:45 4:15	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓	OT 1.5 ✓	OT 1.25 ✓	HOL 7.5 ✓	OT 1.5 ✓	
Frasca, Daniela 45161000  Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	7:00 3:00		6:45 4:45	
	Lunch: Out - In		1:00 1:30	1:00 1:30	1:00 1:30		1:30 2:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.						HLN 7.5 ✓	2.0 hr OT	

Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 19, 2010

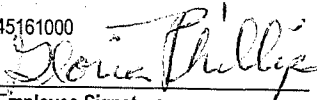
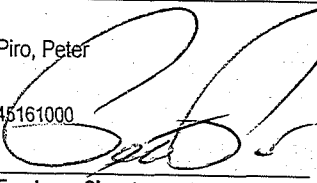


Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Glazer, Lisa	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
45161000	Lunch: Out - In		12:00 12:30	12:00 12:30	1:05 1:45	12:00 12:30	12:00 12:30	
	Outside Duty: From - To				Plymouth District 11:15 1:05			
Employee Signature								
Document exceptions or comments, indicate type and amount.						HWC 7.5		
Lawler, Michael	Day: In - Out		8:15 7:00	8:30 7:00	8:30 7:00	8:00 4:00	8:25 7:00	7:15 6:45
45161000	Lunch: Out - In		10:30 11:00	12:25 12:55	1:45 2:15	2:30 3:00	2:30 3:00	1:30 2:00
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			2.75 OT	2.50 OT	2.50 OT	HOL 7.5	2.50 OT	11.00 OT
Medina, Nicole	Day: In - Out		8:50 3:50	/	7:30 am 3:30	/	/	/
45161000	Lunch: Out - In		12 12:30	/	12 12:30	/	/	/
	Outside Duty: From - To			/		/	/	/
Employee Signature				/		/	/	/
Document exceptions or comments, indicate type and amount.			1.0 hr Sic	7.5 hr Sic		HLN 7.5	Vac 7.5	
O'Brien, Elisbeth	Day: In - Out		7:35 4:40	8:30 2:00	7:35 5:05	7:30 2:30	/	/
45161000	Lunch: Out - In		11:00 1:05	/	11:30 12:00	11:30 12:00	/	/
	Outside Duty: From - To			/		/	/	/
Employee Signature				/		/	/	/
Document exceptions or comments, indicate type and amount.			VAC 2.0	SIC 1.0		HWC 7.5	DAH 6.5	

Director's Signature: _____

Time Log/Program / Area: 2048-- Boston Drug Lab

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Week Ending: June 19, 2010

Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Philips, Gloria	Day: In - Out			8:40 4:40	8:35 4:35			
45161000	Lunch: Out - In			12:00 12:30	12:00 12:30			
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			SIC 7.5 ✓			HLN 7.5 ✓	Per 2.5 ✓	
Piro, Peter	Day: In - Out		7:20 3:20	8:00 2:00			7:15 3:15	
45161000	Lunch: Out - In		12:30 1:00				12:30 1:00	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.				VAC 1.5 hr ✓	VAC 7.5 ✓	HLN 7.5 ✓		
Renczkowski, Daniel	Day: In - Out		6:45 8:30					
45161000	Lunch: Out - In							
	Outside Duty: From - To					holiday		
Employee Signature								
Document exceptions or comments, indicate type and amount.			SIC 5.5 ✓	SIC in Fam 7.5 ✓	SIC in Fam 7.5 ✓	HLN 7.5 ✓	SIC 7.5 ✓	
Saunders, Della	Day: In - Out		6:45 8:30		6:45 4:30	6:45 2:45	6:45 2:45	6:45 2:45
45161000	Lunch: Out - In		1:30 2:00		1:30 2:00	1:30 2:00	1:30 2:00	1:30 1:50
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			OT 0.75 hr	VAC 7.5	OT 1.75 hr	HOL 7.5		OT 7.5

Director's Signature: _____

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 19, 2010

Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Sprague, Shirley 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out			8:55 5:00	9:05 1:05	9:00 5:00	8:20 4:20	
	Lunch: Out - In			1:00 1:30		1:00 1:30	1:00 1:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			VAC 7.5 ✓		Sic 3.5 ✓	HWC 7.5 ✓		
Tan, Zhi 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		6:45 6:45	6:45 7:00	6:45 7:00	6:45 2:45	6:45 7:00	6:45 5:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 4.0 ✓	OT 4.25 ✓	OT 4.25 ✓	HOL 7.5 ✓	OT 4.25 ✓	OT 10.50 ✓
Tran, Mai 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out				8:15 2:15	8:30 11:45		
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			Suffolk County Courthouse -			Today: 3.25 hrs Hoboken: 3.75 hrs 3.75 Hrs 3.25 Pkg 3.25 Pkg		
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/19/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salem Date: 6/16/10

Department Head: Patricia Ham Date: 6/16/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	11 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	10.5 hrs			